



Commonwealth of Massachusetts, Department of Public Health, Division of Food and Drugs  
305 South Street, Jamaica Plain, MA 02130  
Telephone 617 983-6700 Fax 617 524-8062  
Application for Massachusetts Controlled Substances Registration for Analytical Laboratories  
In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the application form
- Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts"
- Sign and date the form at the bottom
- Mail to the address above

Incomplete applications will be returned and will cause a delay in receiving your MCSR.

For further information visit our Web site at <http://www.mass.gov/dph/dcp>

Application Type: (Please select one) ☐ New ☐ Renewal ☐ Amended Information

In the boxes below enter the requested information.

1) Applicant: (Facility Name)

2) Applicant Business Address: (Applications that include a P.O. Box number without a street address cannot be processed.)

3) Applicant Mailing Address (If different):

4) Business Telephone No.:

(       )  
area code

5) Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)

6) DEA Controlled Substance Registration No. (If possessed):

7) Drug Schedules requested:

Select all that apply: ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ VI

Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.

8) Has the applicant ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? ☐ Yes \* ☐ No

9) Has any professional license or registration held by the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending? ☐ Yes \* ☐ No

\* If you answered "Yes" to Question No. 8 or No. 9, a letter must be attached setting forth circumstances of such action(s).

I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that the applicant has to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law.

Signed under the pains and penalties of perjury.

Signature of authorized individual \_\_\_\_\_

Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_